

67 000105824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

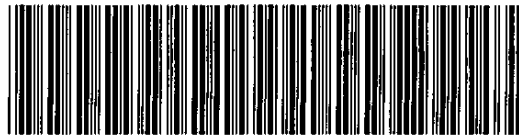
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000110681600

10/17/07--01022--001 \*\*130.00

FILED

2007 OCT 17 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

67-15824  
R

B & C TRUCKING, L.L.C.  
10431 S.E.49TH CT. APT. 10  
BELLEVIEW, FL 34420


OCTOBER 15, 2007

REGISTRATION SECTION DIV. OF CORPORATIONS:

ENCLOSED ARE FORMS FOR FILING ARTICLE S OF ORGANIZATION FOR B&C TRUCKING,  
L.L.C., AND CHECK FOR \$130.00.

MY NAME IS ROBERT W SPALLER , JR. , ADDRESS IS 10431 S.E. 49TH CT. APT. 10,  
BELLEVIEW, FL 34420 AND DAYTIME PHONE NUMBER IS 727-641-5535.

SINCERELY,

*Robert W. Spaller*   
ROBERT W SPALLER, JR.

FILED  
2007 OCT 17 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**B & C TRUCKING, L.L.C.**

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

10131 S.E. 49TH CT. APT #10  
BELLEVIEW, FL 34420

### Mailing Address:

10431 S.E. 49TH CT. APT #10  
BELLEVIEW, FL 34420

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

**CONSTANCE C SPALLER**

Name

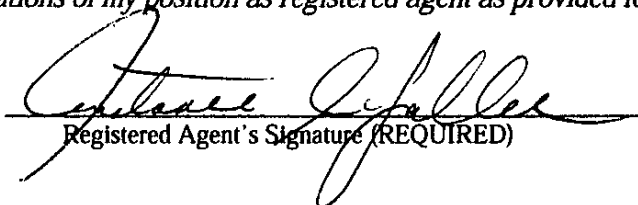
**10431 S.E. 49TH CT. APT #10**

Florida street address (P.O. Box **NOT** acceptable)

**BELLEVIEW, FL 34420**

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
Registered Agent's Signature (REQUIRED)

FILED  
JUN 17 PM 12:48  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

(CONTINUED)

Page 1 of 2

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

ROBERT W SPALLER, JR  
10431 S.E. 49TH CT. APT #10  
BELLEVUE, FL 34420

MGRM

CONSTANCE C SPALLER  
10431 S.E. 49TH CT. APT #10  
BELLEVUE, FL 34420

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

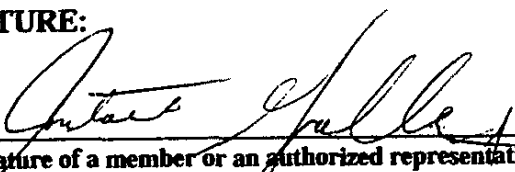
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Constance C Spaller  
Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

**FILED**  
2007 OCT 17 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA